

Application for Plan Review / Inspection
Michigan Department of Labor & Economic Growth
Bureau of Construction Codes & Fire Safety
Office of Fire Safety
P.O. Box 30700
Lansing, MI 48909
517/322-1123 Fax 517/322-1356

OVERNIGHT DELIVERY

Michigan Dept. of Labor & Economic Growth
Bureau of Construction Codes & Fire Safety
Office of Fire Safety
7150 Harris Drive
Lansing, MI 48913

AGENCY USE ONLY

PROJECT # _____

Authority: 1941 PA 207
Completion: Voluntary
Penalty: Project will not be reviewed

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Project Description

FACILITY NAME			STREET / SITE ADDRESS	
CITY	STATE	COUNTY	ZIP CODE	FIRE DEPARTMENT (Required)

Estimated Project Cost: * _____ **Fee Submitted: **** _____
(All Facilities - See Page 2) (Schools & Hospitals Only)

SCOPE OF WORK (Floor, Wing, etc.)

Review Requested	Facility / Project to be Reviewed		Building Data
Construction Plans/Spec's Consultation Inspection *Addendum # _____ *Bulletin # _____ Modification Request Fire alarm (specify below) Hood suppression (specify below) Sprinkler (specify below) NOT related to a current project (fee required**) _____ Related to existing FS project # _____	Review/Inspection Fee Required ** Charter School College/University Dormitory FSOF/ASC Hospital School Hospital within a Hospital	Review/Inspection Fee NOT Required ** Adult Foster Care 7 - 12 13 - 20 Child Care Center Child Caring Institution Secure Open Children's Camp Home for Aged Nursing Home Penal Institution	Original Year Constructed: _____ Your AIA/PE Job #: _____ Number of Stories (including basement): _____ Sprinklers: Completely Partially This Submittal: Addition Conversion New Building Remodeling/Alteration Square Footage - New Work: _____ Square Footage - Existing: _____ Type of Construction (per NFPA 220): _____
*See Back - Miscellaneous Instructions	**See Back - Fee Schedule		

SUBMITTER

NAME			ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	FAX NUMBER

ARCHITECT / ENGINEER / CERTIFIED FIRM

NAME		LICENSE/CERTIFIED FIRM NUMBER	ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	FAX NUMBER

FACILITY CONTACT PERSON

NAME			ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	FAX NUMBER

GENERAL

To Expedite Your Review:

- All submittals must be accompanied by an Application for Plan Review/Inspection (BCCFS-979) completely filled out. Provide all requested information.
An "n/a" designation is helpful for areas where information does not pertain to the project.
- Only **ONE** set of construction documents or related specification drawings is required.
- Plans must be sealed by an architect or engineer registered in the State of Michigan where required by law.
- Certified firms shall provide the certification number issued by the Bureau of Construction Codes & Fire Safety.
- All fees are due at the time the project is submitted (colleges, hospitals, schools, and universities only).

Fees are applicable on fire alarm, sprinkler and hood suppression system shop drawings in colleges, free-standing outpatient facilities, hospitals, schools, or universities **only when the project is an independent** fire alarm or a suppression project not associated with an architect's or engineer's project already submitted.

Fees are not assessed on any other types of facilities.

- All floor plans shall indicate exit locations, identify all room uses, and sprinkler coverage, if any.
- Furnish approved design numbers of all fire related assemblies.
- Changes to previously reviewed drawings must be specifically brought to our attention for review and comment.
- Submit a separate check or money order for **each project** payable to the **State of Michigan**.
- **Health Care Project:** When applicable, identify the area(s) occupied by ambulatory/non-ambulatory patients, outpatients and location of all smoke barriers.
- **Schools:** Written approval **MUST** be obtained from the Public Health Department having jurisdiction for matters involving water supply, food handling, or sanitation. Written approval may also be required for Barrier Free Design in accordance with 1966 PA 1.

FEE SCHEDULE

(Freestanding outpatient facilities and hospitals; colleges, schools, and universities)

<u>Project Cost Range</u>	<u>Fee</u>
\$101,000.00 or less	Minimum Fee of \$155
\$101,001.00 to 1,500,000.00	\$1.60 per \$1,000
\$1,500,001.00 to 10,000,000.00	\$1.30 per \$1,000
\$10,000,001.00 or more	\$1.10 per \$1,000 - Maximum fee \$60,000

MISCELLANEOUS INSTRUCTIONS

***Estimated Project Cost (if original plans/spec's):** Show additional costs if there are increases on Addendums, Bulletins, etc. The Project Cost includes all costs associated with the project other than the cost of equipment that is **not** "fixed." "Fixed" equipment is defined as equipment necessary to the operation of the building, including, but not limited to: air handlers, boilers, chillers, electric switchgear, elevators, generators, modular casework, etc.
If labor is being provided for the project, the cost of the labor shall be included.

Project Description: Please indicate the floor or work site to assist in identifying the project location, as well as:

1. The architect's or engineer's project number
2. Square footage of new building, addition, remodeling, etc.
3. Square footage of an existing building
4. Project Scope (description of project)

Type of Review Requested: If the review you are requesting is not on the form, please write in your request.